

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

RECEIVED  
EMAIL  
MAY 19 2008

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Slockett for Auditor

IMPORTANT: Indicate by # type of committee you are reporting for: 5  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Tom Slockett

Political Party (if applicable)

Democrat

Office Sought

Johnson County Auditor

District (if Senate or House)

|  |                              |
|--|------------------------------|
| <b>FORM<br/>DR-2</b><br>(Rev. 07/2007) | <b>DISCLOSURE<br/>REPORT</b> |
| <b>For Office Use Only</b>             |                              |
| Comm. #                                | _____                        |
| Logged In                              | _____                        |
| Scanned                                | _____                        |
| Computer                               | _____                        |
| Audited                                | _____                        |

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

 NANCY B. WILLIS  
SIGNATURE OF PERSON FILING REPORT

319-337-9621  
TELEPHONE

5-19-08  
DATE SIGNED

I AM FILING A May 19, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held  
Johnson

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

1,009.93

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

285.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

1,294.93

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1,294.93

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

544.07

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

54.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                                    |
|---|------------------------------------|
| <b>SCHEDULE</b><br><b>A</b><br>(Rev. 07/03)                 | <b>MONETARY</b><br><b>RECEIPTS</b> |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                                    |

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Slockett for Auditor

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR                                    | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|--|--|--------------------|---------------------------------------|
| 03/25/08                    | ID#<br>CK#  | Carol W. deProsse<br>5281 Wapsi Avenue SE<br>Lone Tree IA 52755    |  | \$100.00           | <input type="checkbox"/>              |
| 03/28/08                    | ID#<br>CK#  | Caroline Dieterle<br>727 Walnut St<br>Iowa City IA 52240           |  | 25.00              | <input type="checkbox"/>              |
| 03/31/08                    | ID#<br>CK#  | Leonard A Greenwood<br>908 14th Ave<br>Coralville IA 52241         |  | 50.00              | <input type="checkbox"/>              |
| 05/10/08                    | ID#<br>CK#  | Dorothy Ray<br>1851 Melrose Ave Apt 102<br>Iowa City IA 52246-1733 |  | 25.00              | <input checked="" type="checkbox"/>   |
| 05/13/08                    | ID#<br>CK#  | Jean Lloyd-Jones<br>160 Oakridge Ave<br>Iowa City IA 52246         |  | 50.00              | <input checked="" type="checkbox"/>   |
| 05/14/08                    | ID#<br>CK#  | Carol K Braddock<br>1704 Ridge Rd<br>Iowa City IA 52245            |  | 10.00              | <input checked="" type="checkbox"/>   |
| 05/14/08                    | ID#<br>CK#  | Margery McCardell<br>310 Willis Dr<br>Iowa City IA 52246           |  | 25.00              | <input checked="" type="checkbox"/>   |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |  |  |                    | <input type="checkbox"/>              |

SUB-TOTAL

\$ 285.00

**TOTAL (if last page of this schedule)**

\$ 285.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Slockett for Auditor

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

|  |                          |
|--|--------------------------|
| SCHEDULE<br><b>D</b><br>(Rev. 08/98)                           | INCURRED<br>INDEBTEDNESS |
| <input type="checkbox"/> CHECK THIS BOX<br>IF AMENDING<br>FORM |                          |

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

| DATE<br>INCURRED<br>(MM/DD/YR)                                    | NAME AND ADDRESS OF PERSON<br>TO WHOM DEBT OR OBLIGATION IS OWED | DESCRIPTION OF GOODS OR<br>SERVICES PROVIDED OR<br>PURCHASED                                   | BALANCE OWED AT<br>CLOSE OF<br>REPORTING<br>PERIOD* |
|---|--|--|---|
| 04/21/08  | Tom Slockett<br>629 Brown St<br>Iowa City IA 52245               | Reimbursement: Postmaster for<br>PO Box  | \$<br>20.00   |
| 05/05/08  | John Deeth<br>313 W Benton St<br>Iowa City IA 52246              | 568 names on labels for fundraiser<br>(estimated)  | 28.40   |
| 05/10/08  | Tom Slockett<br>629 Brown St<br>Iowa City IA 52245               | Reimbursement: Zephr Copies for<br>563 piece mailing, postage,<br>folding, stapling and copies | 361.34  |
| 05/14/08  | Tom Slockett<br>629 Brown St<br>Iowa City IA 52245               | Reimbursement for payment to<br>Johnson County Auditor for<br>copies                           | 30.45   |
| 05/14/08  | AdCraft Printing<br>P.O. Box 246<br>Cedar Rapids IA 52406        | 1000 small envelopes   | 103.88  |
|   |  |  |   |
|   |  |  |   |
| SUB-TOTAL   |  |  | \$<br>544.07  |
| TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD |  |  | \$<br>544.07  |

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Slockett for Auditor

Reset Form

|   |                                  |
|---|----------------------------------|
| <b>SCHEDULE<br/>E</b><br>(Rev. 06/97)                               | <b>IN-KIND<br/>CONTRIBUTIONS</b> |
| <input type="checkbox"/> <b>CHECK THIS BOX IF<br/>AMENDING FORM</b> |                                  |

| DATE<br>RECEIVED<br>(MM/DD/YR)              | NAME AND ADDRESS<br>OF CONTRIBUTOR                 | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION<br>OF IN KIND<br>CONTRIBUTION                   | ESTIMATED<br>FAIR MARKET<br>VALUE | ✓ IF FOR<br>FUND-RAISER<br>CONTRIBUTION |
|---|--|---|---|-----------------------------------|---|
| 05/06/08                                    | Tom Slockett<br>629 Brown St<br>Iowa City IA 52245 | self  | 600 pages left over<br>letterhead from<br>nrevious camnaign | \$ 54.00                          | <input checked="" type="checkbox"/>     |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
|   |  |   |   |                                   | <input type="checkbox"/>                |
| SUB-TOTAL                                   |  |   |   | \$ 54.00                          |   |
| TOTAL (if last<br>page of this<br>schedule) |  |   |   | \$ 54.00                          |   |

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

Reset Form

|   |                               |
|---|-------------------------------|
| SCHEDULE<br><b>F</b><br>(Rev. 07/03)                        | LOANS<br>RECEIVED<br>& REPAID |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                               |

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000.00

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED<br>(MM/DD/YR) | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE<br>(If Applicable*) | AMOUNT OF LOAN |
|-----------------------------|--|---|----------------|
|                             |  |   | \$             |
|                             |  |   |                |
|                             |  |   |                |
|                             |  |   |                |

TOTAL (PART I) \$ \_\_\_\_\_

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE PAID<br>(MM/DD/YR) | NAME AND ADDRESS OF LENDER<br>(Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE*<br>(If Applicable) | AMOUNT REPAID |
|-------------------------|--|---|---------------|
|                         |  |   | \$            |
|                         |  |   |               |
|                         |  |   |               |
|                         |  |   |               |

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000.00

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